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PRINTED: 01/29/2008 FORM APPROVED

ANALOT PROVIDES OR SUPPLIES CARLS PLACE ADA NEWCOMB ST, SE WASHINGTON, DC 20032 ADA NEWCOMB ST, SE WASHINGTON, DC 20032 ADA NEWCOMB ST, SE WASHING	AND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NU	MBER:	A. BUILDING B. WING		3/2008
PREFIX TAG I 1000 INITIAL COMMENTS A monitoring visit was conducted on January 23, 2008 sesequent to the annual licensure survey completed on November 11, 2007, to verify corrective actions identified in the facility's submitted pian of correction revealed that the presented plans of correction revealed that the previous replaced on Sate the deficiences cited throughout this report. I 043 3502.2(c) MEAL SERVICE / DINING AREAS Modified diets shall be as follows: (c) Reviewed at least quarterly by a dietitian. This Statute is not met as evidenced by: Based on Interview and record review, the GHMRP failed to ensure that the prescribed modified diet are being monitored quarterly by a dietitian fore the two residents in the sample. (Resident #2) The GHMRP alleged that by 1/30/08 the following actions would be taken to address Resident #2's nutritional assessment would be provided quarterly as regulred.				404 NEWC	OMB ST, SI	E	
A monitoring visit was conducted on January 23, 2008 sessequent to the annual licensure survey completed on Novamber 11, 2007, to verify corrective actions identified in the facility's submitted plan of correction. The finds of this survey were based on observations at the group home, interviews with management and residential staff, and review of records both clinical and administrative as well the review of the presented plans of correction revealed that the provider failed to implement the nacessary actions to abate the deficiences cited throughout this report. 1043 3502.2(c) MEAL SERVICE / DINING AREAS Modified diets shall be as follows: (c) Reviewed at least quarterfy by a dietitian. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure that the prescribed modified diet are being monitored quarterly by a dietitian fore the two residents in the sample. (Resident #2) The finding includes: The GHMRP alleged that by 1/30/08 the following actions would be taken to address Resident #2's nutritional needs in the plan of correction dated 11/0/167 fleensure survey: The POC alleges that Resident #2's nutritional assessment would be completed and nutritional oversight would be provided quarterly as required	PREFIX	/EACH DEFICIENC	CY MUST BE PRECEDED BY	Y FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	COMPLETE
The second secon	. 1 043	A monitoring visit 2008 sesequent to completed on Nov corrective actions submitted plan of The finds of this s observations at the management and records both clinic the review of the revealed that the necessary actions throughout this re 3 3502.2(c) MEAL Modified diets sh (c) Reviewed at I This Statute is n Based on intervie GHMRP failed to modified diet are dietitian fore the (Resident #2) The finding inclu The GHMRP alle actions would be nutritional needs 11/01/07 licensu The POC allege assessment wo	was conducted on Jaco the annual licensure of the annual licensure vember 11, 2007, to we identified in the facility correction. Survey were based on the group home, interval residential staff, and call and administrative presented plans of composition of provider failed to imply to abate the deficient port. SERVICE / DINING / wall be as follows: Jeast quarterly by a direct asset quarterly by a direct asset quarterly by a direct met as evidenced as and record review of ensure that the present that the present was residents in the second review of the plan of correct as that Resident #2's really be completed and the complete completed and the complete complet	e survey verify lity's views with i review of e as well crection blement the nces cited AREAS etitian. by: v, the scribed erterly by a sample. the following esident #2's tion dated nutritional i nutritional	1 043	hired. Annual assessment for person # 2 has been completed. Physician order will reflect the	2-15-08

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if continuation sheet 1 of 15

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		(X2) MULTIP A. BUILDING B. WING	LE CONSTRUCTION	(X3) DATÉ S COMPLE	
		HFD12-0040				01/2	3/2008
NAME OF P	, , , , , , , , , , , , , , , , , , , ,				TATE, ZIP CODE		
CARLS P	LACE			TON, DC 20	032		
(X4) ID PREFIX TAG	FACH DEFICIENCY	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SC IDENTIFYING INFORM	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACT) CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
1043	January 23, 2008 a revealed that Residual calorie diet, low so diagnosis of obesiduateriew with the Noshe has not been when the required occur. Review of that the last monitoring visit.	e regulation. Residential Director (at approximately 11:2 dent #2 is prescribed dium diet, low fat die ty and anemia. Furti RD revealed that she utritional consultant, I provided a date and t nutritional consultation the medical records r oring by the nutritional mpleted in August of the and diet orders were dictan's orders reflected that at the time of the	an 1800 t an has a her has made however, time as to on will revealed al 2007. Try care a not ed a	1 043			
1 200	This is a repeat deficiency. 206 3509.6 PERSONNEL POLICIES Each employee, prior to employment and annually thereafter, shall provide a physician 's certification that a health inventory has been performed and that the employee 's health status would allow him or her to perform the required duties. This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure that each employee, prior to employment and annually thereafter,		1 206				

	MENT OF DEFICIENCIES AN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED		
	HFD12-0040					01/23	3/2008	
NAME OF P	ROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
CARLS P	LACE			NCOMB ST, SE NGTON, DC 20032				
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1206	Continued From pa	ige 2		1 206		ĺ	4	
	provided evidence of a physician's certification that documented a health inventory had been performed and that the employee's health status would allow him or her to perform their required duties. The findings include:				Staff health certification as employee are currently be updated. A system for flag employee health and training now implemented.	ng gging	2-25-08	
·	Interview with the Qualified Mental Retardation Professional and review of the GHMRP's personnel files on January 23, 2008 at 2:00 PM revealed the GHMRP failed to provide evidence that current health certificates were not on file for one (1) new direct care staff (MB) and the newly hired Registered Nurse.							
	This is a repeat de	eficiency.						
1221	3510.2 STAFF TR	AINING	•	1221				
	Orientation training each GHMRP and employee is person	g shall be the respon I shall be documente onnel folder.	sibility of d in each					
	This Statute is not met as evidenced by: Based on staff interview and record review, the Group Home for Mentally Retarded Persons (GHMRP) failed to ensure that all staff received their initial orientation training.					•		
	The finding includes:							
	(RD) on Janaury 2 PM revealed that recently employed available training of the new staff has a second control of the new staff has a second contro	facility's Residential 23, 2008 at approxim the several direct call by the agency. Residential failed to reflead participated in ories after employment as	ately 2:10 re were view of the ect that any entation					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION PROVIDER/SUPPLIER/			A. BUILDING	PLE CONSTRUCTION	(X3) DATE SU COMPLE			
		HFD12-0040	•	B, WING	3/2008			
NAME OF P	ROVIDER OR SUPPLIER		404 NEWO	ADDRESS, CITY, STATE, ZIP CODE WCOMB ST, SE NGTON, DC 20032				
(X4) ID PREFIX TAG	/EACH DEEIGIENG	ATEMENT OF DEFICIENCIE Y MUST BE PRECEDED BY SCIDENTIFYING INFORM	'FULL	ID Prefix Tag	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
I 221	Dontinued From page 3 by the agency's policies and procedure. Interview with the facility's owner via the telephone revealed that "a large portion of the orientation training was provided by the Department of Disability Service", however, the facility owner was unable to provide documented evidence to confirm the new staff's participation in the training. Review of the GHMRP inservice training book failed to evidence that internal orientation training, [I.e. agency policy and procedures, client habilitation and programming, agency personnel policies, etc.] was documented and was available for review by the regulatory agency.		I 221	Staff training on Docume Person's Rights, BSP, Po Procedures, ISP, Incident Reporting	2-7-08			
1 225	training programs This Statute is no Based on intervie GHMRP failed to in-service training The finding includ The facility failed employed with the	ntinuous, ongoing in- scheduled for all per of met as evidenced by wand record review in have evidence of on- for direct care staff. ites: to ensure new direct a agency's provided of licles and procedures	sonnel. by: the going care staff prientation	I 222	New staff will receive or training before beginning assignments.		2-7-08	
1 22	24 3510.5(a) STAFF Each training pro limited to, the foll	gram shall include, b	ut not be	1 224				

	ENT OF DEFICIENCIES AN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HFD12-0040	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI	R/CLIA MBER:	A. BUILDING	LE CONSTRUCTION	(X3) DATE SU COMPLE	TED
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NAME OF PI	ROVIDER OR SUPPLIER		404 NEW	DRESS, CITY, ST COMB ST, SE TON, DC 20	032		
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1 224				1 225			2-6-08
	(b) Human develo (birth to death); This Statute is no Based on record re	ram shall include, but wing: pment through the lift or met as evidenced to review, the GHMRP fraining was provide to	e cycle by: alled to		development is schedule	d.	
	The finding includ	es:					

STATEMENT AND PLAN OF	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUM	R/CLIA MBER:	(X2) MULTIP A. BUILDING B. WING	LE CONSTRUCTION	x3) DATE SURV COMPLETE 01/23/2	D			
		NFD 12-0040	STREET ADD	RESS, CITY. S	TATE, ZIP CODE					
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	following actions we training needs out dated 11/01/07 lice. Review of the train 2007 revealed that training in Human. On January 23, 20 interview with the inservice training trianing in the area been completed a correction. This is a repeat discorrection. This is a repeat discorrection. This is a repeat discorrection. (f) Specialty area residents to be set to, behavior manarecreation, total of technologies; This Statute is no Based on review GHMRP failed to staff training as in the GHMRP alled following actions training needs on the contraining needs on the c	ed that by 12/05/08 to yould be taken to add ined in the plan of consure survey: along records on Nove to the GHMRP failed to Development. Oos at approximately RD and the review of records failed to reflect of Human Development detailed in the plants detailed in the plants detailed in the plants detailed to the GHM erved including, but no agement, sexuality, recommunications, and of met as evidenced of training documents provide evidence to indicated by resident	mber 2, to provide 2:30 PM, fithe ect that ment had tof at not be RP and the tot limited nutrition, assistive by: ts, the validate s' need.	1 229	Specialty training for person Sexuality, Nutrition, recreated and communication needs scheduled and will be comin all domains.	ation, are	2-25-08			

STATEMENT AND PLAN (MENT OF DEFICIENCIES AN OF CORRECTION (X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE HFD12-0040			A, BUILDING		(X3) DATE SI COMPLE	
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1 229	Continued From pa	:ge 6		1 229		,	
	2007, the GHMRP	ing records on Novel failed to provide trail nent and human sext	ning on		·		
	interview with the finservice training in the area	108 at approximately to RD and the review of records failed to refle a of behavior manage ad been completed a action.	the ect that ement and			,	
	This is a repeat de	eficiency.					
123	3510.5(h) STAFF	TRAINING		1231			
	Each training prog limited to, the follo	gram shall include, bu bwing:	it not be		New staff will receiv		2-7-08
	(h) Orientation programs for each new employed which shall include philosophy, organization, programs, practices and goals of the GHMRP a well as a review of applicable laws, regulations and agreements important to the operation of the GHMRP for the care and treatment of persons with mental retardation in the District of Columbia; and		stion, HMRP as julations ation of the persons		assignments. This tr includes the compar and procedures.		
	Based on intervie	ot met as evidenced t w and record review, provide evidence on	the				
	The finding include	les:					
	The GHMRP faile inservice training staff to include: [ed to have on file orie records of three new TW, MB and TB].	ntation direct care				

	ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED	
•		HFD12-0040	<u> </u>	B. WING		01/23	/2008
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I 271	Continued From pa	nge 7		1 271			
1 271	3513.1(b) ADMINIS	STRATIVE RECORD		1 271	Company has implemented	2-25-08	
	Each GHMRP shall agency 's inspectfol administrative reco	Il maintain for each a on, at any time, the fo ords:	uthorized allowing		procedure to maintain compersonnel files.	npany	
	(b) Personnel records for all staff including job descriptions either at the GHMRP or in a centra office and made available upon request;						
	This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to provide evidence of all staffs personnel records.				,		
	The finding include						
	of the personnel fill revealed that the C	Residential Director a les on January 23, 20 3HMRP failed to prov nnel files for the one	008 /Ide :				
1379	3519.10 EMERGE	ENCIES		1379			
	In addition to the reporting requirement in 3519.5, each GHMRP shall notify the Department of Health, Health Facilities Division of any other unusual incident or event which substantially interferes with a resident's health, welfare, living arrangement, well being or in any other way places the resident at risk. Such notification shall be made by telephone immediately and shall be followed up by written notification within twenty-four (24) hours or the next work day.						
	This Statute is no Based on intervie	ot met as evidenced b w record review, the	oy: GHMRP				

	OF DEFICIENCIES OF CORRECTION	DENTIFICATION NUMBER:		(X2) MULTIP A. BUILDING B. WING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF PI	ROVIDER OR SUPPLIER PLAGE		404 NEW	oress city s comb st, se ton, dc 20	032		
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1379	failed to ensure the Department of Health, was notified of unusual incidents or events that substantially interfered with each resident's health and welfare within twenty-four hours or the next work day. The finding includes: Interview with the medication nurse and the residential director revealed that Resident #4 was taken from the home by four police officer during an agressive/vollent outburst on January 15, 2008. Further Interview revealed that the Resident #4 was admitted to the St. Elizabeth emergency psychiatric facility for assessment and treatment. According to the RD Resident #4 will not be returning to the facility. Reportedly the Department of Disability Services Case Manager was made aware of the incidents and is in communication with the provider to transer the residents medication and personal property once the client has been stabilized. Review of the GHMRP incident management system did not reflect that a incident report was completed on the this incident. During the		379	Incident Reporting In seall staff and administrat completed. The training reporting incidents to all governing agencies.	or g included	2-7-08	
[39	evidence that the governmental age regulatory require 5 3520.2(e) PROFE	nere was no docume group home had not ency in accordance w ment. SSION SERVICES:	ified the rith this	395			
	professional staff necessary profess accordance with t individual habilitat	all have available qui to carry out and mor sional interventions, he goals and objecti tion plan, as determinant interdisciplinary tear	nitor in ves of every ned to be				

	MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
,		HFD12-0040		B. WING _		01/23	3/2008
NAME OF P	ROVIDER OR SUPPLIER				YATE, ZIP CODE		
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1 395	professional service limited to, those setrained, qualified, a District of Columbia disciplines or areas (e) Nursing; This Statute is not Based on interview GHMRP faited to elicenses on file. The finding include On January 23, 20 interview with the freevaled that recentired to provide nursing as assessment and we residents medical equarterly. Review of the residency of the plan of corrections ultants person that the providers personnel records nurse license.	es may include, but revices provided by income dicensed as required law in the following of services: met as evidenced by and record review, the naure its nurses had established as approximaltey acility's owner via telently a Registered Nurseing oversight for the terview the plan of content that RN came or sessments, self-med records would be upon dent record did not evand updated had been past three months as ections. Review of the nel records failed to has current consultar, on file to include the	dividuals red by y: the current 1:15 PM, ephone se was e group orrection duty to dication the dated vidence en sindcated e evidence ents	1 395	Company has contracted we Program Director to overshabilitation of persons' ser Company is currently in negotiation with RN nurse completion person medical assessments to be completed shortly with on going quarteviews. Company will also secure consultant licenses and he certifications.	ee rved. l ed terly	2-25-08
,	This is a repeat de	eficiency					

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			1''	(X2) MULTIPLE CONSTRUCTION A. BUILDING		JRVEY TED
		HFD12-0040		B. WING		01/23	3/2008
NAME OF PE	`			RESS, CITY, 5	ITATE, ZIP CODE		
CARLS P	LACE	·		OMB ST, SI TON, DC 20			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIE MUST BE PRECEDED BY SCIDENTIFYING INFORMA	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
≀ 401	Continued From pa	ge 10		I 401		i	
1 401	1 3520.3 PROFESSION SERVICES: GENERAL PROVISIONS			1 401			
	Professional service and evaluation, includevelopmental leve services, and service deterioration or furt resident. This Statute is not Based on interview GHMRP failed to pareatment services service to prevent of functioning for each the GHMRP allege following actions was resident #4's denticorrection dated 11 Review of Resident November 2, 2007 evaluated by the DThe consultation remoderate calculus The dentist indicate be submitted to Metal services.	es shall include both luding identification of les and needs, treatmoses designed to previous ther loss of function to met as evidenced by and record review the provided diagnosis, end necessary follow deterioration or further resident in the facilities and needs in the plan of 1/01/07 licensure suntification of the plan of 1/01/07 licensure suntification of the plan of 1/01/07 licensure suntification of the plan of the pl	of hent hent hent hent hent hent hent hent		Administrator will contact Medicaid Waiver and will up with Dentist for comple person # 4 dental necessity	follow tion of	2-25-08
	received the recom re-evaluated by the Interview with the F of Resident #4's m 2008 did not evider	nmended scaling, or is dentist since Decer Residental Director a edical records on Jance that a Dental cored detailed in the plan	had been nber 2006. nd review naury 23, nsultationd				

	T OF DEFICIENCIÉS OF CORRECTION	(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI		(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SU COMPLE	
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NAME OF P	ROVIDER OF SUPPLIER		i		TATE, ZIP CODE		
CARLS F	PLACE			TON, DC 20			
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1 401	Continued From pa	age 11		1401			
	This is a repeat de	ficiency.					İ
1 422	3521.3 HABILITAT	ION AND TRAINING	•	1 422			
	Each GHMRP shall provide habilitation, training and assistance to residents in accordance with the resident's Individual Habilitation Plan.			Ţ			
	This Statute is not met as evidenced by: Based on observation, interview and record review, the GHMRP failed to provide treatment and services in accordance with tthree of the one residents' Individual Habilitation Plans. (Resident #4)						
ļ	The findings includ	le:		,			i
	following actions w Resident #4's mala	ed that by 12/05/07 to rould be taken to add adaptive behaviors as in of correction dated	ress nd				
	November 1, 2007 revealed that the repsychotropic mediand Gabapenlin 20 psychotropic medi March 1, 2007 revenue the resident needs (BSP) developed. Manager indicated Developmental Dis Manager to ascertime of the survey	ident #4's medical re at approximately 2:0 esident receives the cations: Prozac 10 n 00 mg QAM. Review cation review sheet deled a recommendate a Behavior Support Interview with the Hold that he would contain a BSP. However, the GHMRP failed to by the psychiatrist a	po PM, following of the lated lion that Plan ouse ot the S) Case at the oprovide a		Administrator is pursuing with DDS Medicaid Waive Psychologist/ Behavior Sp for person # 4 Behavior St Program to address and me Person # 4 BSP.	er a ecialist ipport	2-25-08

NAME OF PROVIDER OR SUPPLIER CARLS PLACE STREET ADDRESS, CITY, STATE, ZIP CODE 404 NEWCOMB ST, SE WASHINGTON, DC 20032 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) I 422 Continued From page 12 Interview with the Residental Director and review of Resident #4's habilitation records on Janaury 23, 2008 did not evidence that a Behavior Support Plan was developed and being implemented as detailed in the plan of correction. This is a repeat deficiency. I 423 3521.4 HABILITATION AND TRAINING 1 423	COMPLETED	
CARLS PLACE ADA NEWCOMB ST, SE WASHINGTON, DC 20032	01/23/2008	\dashv
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 1 422 Continued From page 12 Interview with the Residental Director and review of Resident #4's habilitation records on Janaury 23, 2008 did not evidence that a Behavior Support Plan was developed and being implemented as detailed in the plan of correction. This is a repeat deficiency. 1 423 (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO THE DEFICIENCY) 1 422		
Interview with the Residental Director and review of Resident #4's habilitation records on Janaury 23, 2008 did not evidence that a Behavior Support Plan was developed and being implemented as detailed in the plan of correction. This is a repeat deficiency. 1423 1423	IN SHOULD BE COMPLETE E APPROPRIATE DATE	<u> </u>
of Resident #4's habilitation records on Janaury 23, 2008 did not evidence that a Behavior Support Plan was developed and being implemented as detailed in the plan of correction. This is a repeat deficiency. 1423 3521.4 HABILITATION AND TRAINING		ļ
Each GHMRP shall monitor and review each resident's Individual Habilitation Plan on an		
ongoing basis to ensure participation of the resident and appropriate GHMRP staff in revision of such Plans whenever necessary. The schedule for the reviews shall be documented within each IHP.		
This Statute is not met as evidenced by: Based on interview and record review, the GHMRP failed to ensure each resident's Individual Habilitation Plan had been monitored to make certain each resident participated and the plans were revised as needed. The findings include: Administrator has con Program Director to 1 training, Incident Rep person habilitation.	nonitor	3 ·
The GHMRP alleged that by 12/05/07 the following actions would be taken to address Resident #1's program participation and monitoring of his habilitation as described in the submitted plan of correction dated 11/01/07 licensure survey:		
Review of Resident #2's IPP on November 2, 2007 at approximately 11:00 AM, revealed the following objectives:		

AND PLAN OF CORRECTION IDENTIFY		(X1) PROVIDER/SUPPLIE IDENTIFICATION NUI	JMBER: A. BUILDIN		PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
<u>. </u>	HFD12-0040		DRESS, CITY, STATE, ZIP CODE		01/23/2008		
NAME OF P	ROVIDER OR SUPPLIER						
CARLS PLACE 404 NEW WASHING				TON, DC 2			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	(X5) COMPLETE DATE	
1 423	Continued From pa	ige 13		1423	<u>.</u>		
	a. "[The resident] will be able to follow the steps of vacuuming, independently." Review of the data sheet from May 2006 through September 2007 revealed that the resident was independent on all trials performed.				a. This program will continue informally		2-7-08
	Record verification of the data sheets indicated that the resident achieved the established criteria since May 2006.						
	b. "[The resident] will be able to follow the steps of washing clothes, independently." Review of the data sheet from November 2006 through September 2007 revealed that the resident was independent on all trials performed.			b. This program will conti informally.	nue	2-7-08	
	Record verification of the data sheets indicated that the resident achieved the established criteria since November 2006.						
1 436	3521.7(f) HABILIT	ATION AND TRAINI	NG	1 436			
-	The habilitation and training of residents by the GHMRP shall include, when appropriate, but not be limited to, the following areas:						
	use and self-admir aid, care and use	cluding skills related to nistration of medication of prosthetic and orth to health care, and sa	on, first iotic				
	Based on observa review, the GHMR	t met as evidenced b tion, interview and re tP falled to ensure the tining of its residents administration.	cord e				
	The finding includes:						
	The GHMRP alleged that by 12/05/07 the						

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING		(X3) DATE SURVEY COMPLETED		
		HFD12-0040		B. WING		01/23	3/2008
NAME OF P	ROVIDER OR SUPPLIER		STREET ADI	RESS, CITY, S	TATE, ZIP CODE		
				TON, DC 20			
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ACTION SHOULD BE TO THE APPROPRIATE		
l 43 6	Continued From pa	age 14		1 436			,
	Resident #2's prog monitoring of his h submitted plan of o licensure survey:	rould be taken to add fram participation and abilitation as describe correction dated 11/0 I to train Resident #2	d in the 1/07	,	Programs will be amended address to address nutrition medications, self help skill pertaining to use and care adaptive equipment.	n, self s	3-1-08
	Review of Resident #2's IPP dated May 17, 2007 revealed no evidence of a self medication objective.				Administrator is currently pursuing contract with RN		2-15-08
	medication nurse a of the client are pa objective. According self-medication as habilitation records	108, interview with the at 3:00 PM revealed to articiapting in a self-ming to the nurse no sessment were in the sand the RN is the reling each resident for ogram.	that none ledication e esponsible				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NO HED12-0040				TE CONSTRUCTION	(X3) DATE SU COMPLET			
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 404 NEWCOMB ST, SE					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		S FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ION SHOULD BE HE APPROPRIATE		
R 125	2008 sesequent to completed on Nov corrective actions submitted plan of the finds of this subservations at the management and records both clinic the review of the prevealed that the prevealed that the precessary actions throughout this relationship the criminal back criminal history of contract worker for all jurisdictions employee or contract worker for all jurisdictions employee or contracted. This Statute is not based on the revisited to ensure or disclosed the criminal prospective envorked or resided to the check. The finding include Review of the per	was conducted January the annual licensure ember 11, 2007, to verified in the facility correction. The annual licensure ember 11, 2007, to verified in the facility correction. The annual licensure embers of correction in the prospective employers and administrative expresented plans of correction failed to imple to abate the deficient port. The prospective employers and the prospective employers are worker has worken seven (7) years prior to the terminal background chainal history of any propagate worker for the premail jurisdictions within mployee or contract within the seven (7) years within the seven (7) years within mployee or contract within the seven (7) years within the seven (7) years within mployee or contract within the seven (7) years within the seven (8) years within the years within the seven (8) years within the seven (8) years within the years wi	survey enify enify 's ews with review of as well rection ement the ces cited IREMENT sclose the oyee or (7) years, sective d or to the IMRP ecks spective vious n which orker has years prior nuary 23,	R 000	Administrator will assure the background checks are command filed in all employees re	pleted	3-1-08	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

UKYB11

TITLE

(X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A BUILDING	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		HFD12-0040				01/2	3/2008
•	ME OF PROVIDER OR SUPPLIER ARLS PLACE STREET ADDRESS, CITY, STATE, ZIP CODE 404 NEWCOMB ST. SE WASHINGTON, DC 20032						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CI (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY)	ON SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
R 125	Continued From pa	nge 1		R 125			
	failed to provide evi background checks care staff (MB).	idence that ensured s were on file for one	criminal direct		·		
					·		
)				,			
					,		

Provider: Cond's Place Date of POC: 2/n/08 Address: 404 Nend Salve & Survey Date: 1/23/08 Surveyors: Date: 2/n/08 Approval Date 2/n/08	
□ Not Approved Date	
☐ Revisit Needed ☐ 1 st ☐ 2 nd	
☐ Additional information needed ☐ Requested Information ☐ Telephoned ☐ Awaiting FaxEstimated Date of Receipt Comment:	